



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Harold F. Ross

Title:

ICE CREAM MACHINE WITH

SPECIALIZED MOTOR

Appl. No.:

Not Yet Known

Filing Date:

Not Yet Known

Examiner:

Not Yet Known

Art Unit:

Not Yet Known

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EL187304235US 10/15/03 (Express Mail Label Number) (Date of Deposit) (Printed Name)

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Harold F. Ross 454 Hwy M 35 Bark River, MI 49807

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (21 pages).
- [X] Informal drawings (9 sheets, Figures 1-9).
- [X] Small Entity statement.
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

001.1508574.1



	Claims as Filed		included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	20	-	20	=	0	X	\$18.00	=	\$0.00
Claims: Independ	4		3	- =	1	x	\$86.00	=	\$86.00
ents: If any Mu	ıltiple Dep	ender	nt Claim	(s) pr	esent:	+	\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing + \$130.00 of Executed Declaration							=	\$130.00	
OI LACCUI	ica Deciari	201011				SU	JBTOTAL:	=	\$986.00
[X]	Sn	nall E	ntity Fee	es Ap			of above): LING FEE:	=	\$493.00 \$493.00

- The required filing fees are not enclosed but will be submitted in response to the Notice [X]to File Missing Parts of Application.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10-15-07

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